

**REPORT OF THE
TASK FORCE ON THE INTEGRATION OF
SENIOR & DISABILITY SERVICES**

**Submitted to the
Division of Senior & Disability Services**

**Governor's Council on Disabilities & Special Education
Alaska Commission on Aging
State Independent Living Council**

**With support from the
Alaska Mental Health Trust Authority**

January 2004



Governor's Council on Disabilities and Special Education

Beth Edmands, Chair
Kathy Fitzgerald, Vice Chair
Art Arnold
Anna Attla
Linda Bark
Peggy Burgin
Katie Campbell
Alan Cartwright
Jennifer Dye
Taylor Gregg
Kris Johnston
Donna Jordan
Nikki Kinne
Bryan Knight
Bob Labbe
Stacy Messerschmidt
Irene Moreland
Karen O'Neill
Joe Pichler
David Quisenberry
Jodi Rumph
Susan Ryan
Darrell Sanborn
Rebecca Soverns
Gayla Valle
Arthur Walters

Alaska Commission on Aging

Banarsi Lal, Chair
Steve Ashman
Doris Bacus
Peggy Burgin
Ella Craig
Jesse Gardner
Gene Kane
Dan Karmun, Sr.
Ray Matiashowski

State Independent Living Council

Erma Perry, Chair
Margaret Evans, Vice-Chair
Dan Ducey
Joan Herbage O'Keefe
Doug Keil
Bill Johnson
Ruth L'Hommedieu
"B" Jarvi
Duane Mayes
Steve Ashman

Report of the
Task Force on the Integration of Senior & Disability Services

Members of the Task Force

Pat Branson, Rural Senior Service Provider
Jay C. Bush, Assisted Living Provider
Ron Cowan, Long Term Care Ombudsman
Ella Craig, Alaska Commission on Aging
Denise Daniello, Urban Senior Service Provider
Beth Edmands, Governor's Council on Disabilities & Special Education
Margaret Evans, State Independent Living Council
Tina Foreman, Senior Care Coordinator
Sandra Heffern, Urban Disability Service Provider
Bill Johnson, State Independent Living Council
Nikki Kinne, Governor's Council on Disabilities & Special Education
Banarsi Lal, Alaska Commission on Aging
Gale Pearce, Senior Care Coordinator
Karen Stroh, Disability Services Care Coordinator
Sharon Vaska, Rural Disability Service Provider

Submitted to the
Division of Senior & Disability Services

Governor's Council on Disabilities & Special Education
Alaska Commission on Aging
State Independent Living Council
December 2003

Background

In March of 2003 the Commissioner of Health and Social Services, Joel Gilbertson, announced that the Department would be reorganized. He described this as the largest reorganization in the history of the state. Among the changes called for in the reorganization was the merger of Senior & Disability Services into a new division. The new division was established on July 1, 2003 and houses Medicaid waiver programs that provide long-term care, as well as other services that support seniors or individuals with disabilities.

To assist the new Division of Senior & Disability Services in making a smooth transition, the Governor's Council on Disabilities & Special Education, the Alaska Commission on Aging, and the State Independent Living Council received funding from the Alaska Mental Health Trust Authority. These funds were used to conduct a series of community forums throughout the state, and convene a task force to make recommendations for the integration of services.

The First Step: Community Forums

Forums were held in eight communities: Anchorage, Bethel, Fairbanks, Kenai, Juneau, Nome, Sitka and Wasilla. These forums were conducted between July 23 and August 13, 2003. A final teleconference was held to solicit feedback from stakeholders who were not able to attend a forum in person. The forums provided a process for public input into planning what services should look like in the new division.

The forums were facilitated by either a staff member of the Governor's Council on Disabilities & Special Education or the Alaska Commission on Aging.

**Community forums
were held in
Anchorage,
Bethel,
Fairbanks,
Kenai,
Juneau,
Nome,
Sitka and
Wasilla.**

In all communities those attending the forums were asked four basic questions.

- What is working well?
- What is not working well?
- What are recommendations for change?
- In what ways could funds be saved or used more efficiently?

Comments from all the forums were compiled and organized by common themes. A complete listing of these comments is found in Appendix B.

The Second Step: Statewide Task Force

A task force was formed to review the comments from the community forums and to prepare recommendations for the new Division. The group was comprised of representatives from:

- The Governor's Council on Disabilities and Special Education,
- The State Independent Living Council,
- The Alaska Commission on Aging
- Rural senior providers,
- Rural disability providers,
- Urban senior providers,
- Urban disability providers,
- Assisted living providers
- Care coordinators
- Office of the Long Term Care Ombudsman

Members of this task force are listed on page 3 of this document.

The task force held two formal meetings in the fall of 2003. The results of the community forums were reviewed at the first meeting. Using this information, the task force worked in a facilitated process to prioritize five key issues that would form the basis of its recommendations.

The Questions:

What is working well?

What is not working well?

What are recommendations for change?

How could funds be used more efficiently?

The five priority areas are briefly described below.

- 1) There is a need to identify what is working well both in senior and disability services as well as identify areas for improvement, such as the need for improved communication across services, geographic areas, agencies and consumers.
- 2) There is a need for a set of common service principles based on quality of life, choice, self-determination, independence, dignity, respect, and with a culturally appropriate focus.
- 3) There is a need to decrease the disparity of services available to individuals with waivers and those who do not qualify for a waiver (across all targeted populations).
- 4) There is a need to streamline processes for MR/DD and CCMC waiver approval and prior authorization of services without complicating the OA and APD waivers.
- 5) There is a need for the development of a process for quality assurance that holds programs accountable both fiscally and programmatically.

Task force members formed subcommittees for each of the priority areas. The subcommittees met prior to the final meeting of the Task force to draft recommendations. This process allowed members to carefully consider the ways to best help the Division of Senior and Disability Services address public concerns regarding the merger.

At the final meeting of the Task force on September 25, 2003 subcommittees presented their initial recommendations to the full group for discussion. During this meeting the subcommittees met again to refine their recommendations and present their final recommendations to the group.

The Task force expressed a sincere desire to affect positive change with the recommendations and unanimously adopted all of the subcommittee

Five priorities

Identify what is working and what is not working.

Establish common service principles.

Decrease disparity among those who receive services and those who are waiting.

Streamline waiver approval processes.

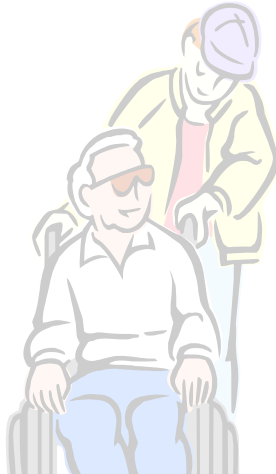
Develop a quality assurance process.

recommendations. The following core value statement articulates the values that guided the group's recommendations.

CORE VALUES STATEMENT

Services provided by the Division of Senior and Disability Services are based on quality of life, choice, self-determination, independence, dignity and respect. Such services are culturally relevant, easily accessible, and will maximize opportunities for the individual to remain connected with family and community. Services provided by DSDS are of professional quality, emphasizing interagency collaboration and focused on the needs of the consumer.

The following pages contain the final recommendations of the Task force to the Division of Senior & Disability Services.



Core Values

Services are based on quality of life, choice, self-determination, independence, dignity and respect.

Priority I: There is a need to identify what is working well both in senior and disability services as well as identify areas for improvement, (i.e. need for improved communication across services, geographic areas, agencies and consumers).

RECOMMENDATION: The Task Force recommends that the Division of Senior and Disability Services retain the features and services that are working well, and consider ways to address the characteristics of services that are not working well.

Thoughts from Alaskans about what services are working well and what is not working well for seniors and individuals with disabilities are summarized in the tables below.

QUALITY OF LIFE	
What's working – <ul style="list-style-type: none"> ■ Person-centered planning (DD) ■ Individualization of funding and services (DD) ■ Consumer choice (DD) ■ Medicaid waiver service options (seniors) ■ Interdisciplinary team & holistic approach (DD) 	What is not working – <ul style="list-style-type: none"> ■ Feeling of entitlement (DD) ■ Warehousing in assisted living homes (seniors) ■ Emphasis on quality of care rather than quality of life (seniors) ■ Needs of people who do not meet waiver eligibility (seniors)

CHOICE	
What's working – <ul style="list-style-type: none"> ■ Personal representative for each consumer (DD) ■ Consumer-driven PCA services (DD/seniors) 	What is not working – <ul style="list-style-type: none"> ■ Limited number of available service providers (DD) ■ Absence of personal representatives (seniors) ■ Limitation on types of services offered (seniors)

SELF-DETERMINATION	
What's working – <ul style="list-style-type: none"> ■ Ability to say no to any or all services (DD/seniors) ■ Consumer directed PCA services (DD/seniors) 	What is not working – <ul style="list-style-type: none"> ■ Self-directed services are not yet available other than in consumer-directed PCA. (DD/seniors) ■ Services are not affordable for many seniors who do not meet income eligibility.

INDEPENDENCE	
What's working – <ul style="list-style-type: none"> ■ A philosophy that promotes development of independence (DD) ■ No institutions (DD) ■ Can receive some levels of services to keep them living at home (seniors) ■ Ability to take some risks (seniors) ■ Transition planning 	What is not working – <ul style="list-style-type: none"> ■ Limited number of service providers (DD) ■ Medicaid rules and regulations prohibit independence (DD/seniors) ■ Risk management inhibits independence (DD/seniors) ■ Categorization of services (seniors) ■ Assisted living home & skilled nursing facility usually do not promote independence (seniors)

DIGNITY AND RESPECT	
What's working – <ul style="list-style-type: none"> ■ Services provided in natural environments (DD) ■ Resident rights in assisted living homes/licensing requirements (DD/seniors) ■ Governor's Council and Alaska Commission on Aging exist to ensure dignity and rights (DD/seniors) ■ Start of the "age in place" movement (seniors) 	What is not working – <ul style="list-style-type: none"> ■ 24 hour service not available in the home (seniors) ■ Need to share so much personal and medical information with providers (DD/seniors) ■ Education of public on disabilities (DD/seniors) ■ Lack of allowance for risk (DD) ■ Living / housing options (seniors)

CULTURALLY RELEVANT	
<ul style="list-style-type: none"> ■ What's working – ■ Individualized service plan (DD) 	<ul style="list-style-type: none"> ■ What is not working – ■ Not enough services available in rural communities (DD, seniors) ■ Need more training of care staff in religious, generational, and ethnicity issues (DD, seniors)

ACCESSIBILITY	
<ul style="list-style-type: none"> ■ What's working – ■ ADA compliance, especially in urban areas (DD) ■ STAR program (DD) 	<ul style="list-style-type: none"> ■ What is not working – ■ Need more marketing of available services (DD/seniors) ■ Need for STAR type program (seniors)

PROFESSIONAL QUALITY	
<ul style="list-style-type: none"> ■ What's working – ■ Standards exist (DD/seniors) 	<ul style="list-style-type: none"> ■ What is not working – ■ Lack of training (DD/seniors) ■ Shortage of personnel (DD/seniors) ■ Training on, and enforcement of ethical standards (DD/seniors)

Priority II: There is a need for a set of common service principles for senior and disability services that are culturally appropriate and that are based on quality of life, choice, self-determination, independence, dignity and respect.

This subcommittee reviewed Alaska Statute, developmental disability service principles, and senior services principles as articulated by the Alaska Commission on Aging. The group carefully reviewed these documents to identify commonalities in philosophy and language. The subcommittee then developed recommended language for service principles that convey unified values between senior and disability services. The documents from which these new service principles were drawn are included in Appendix E.

RECOMMENDATION: The Task Force recommends that the Division of Senior and Disability Services adopt the core value statement and following service principles to develop standards that direct the delivery of disability and senior services. The core values and principles serve as a guide for planning, delivering and evaluating services.

Service principles –

- Services promote personal dignity and respect and provide an opportunity for individuals to receive services that further their physical, mental, spiritual and emotional health (DD service principle #5, AS 47.80.110.2, ACoA service principle #1,)
- Individuals attain and maintain personal and stable financial independence at the highest level for as long as possible. (ACoA service principle #2)
- Individuals are offered support and services necessary to live and age in their chosen community in the least restrictive (developmentally and age appropriate) environment and are free to pursue their life goals. (DD service principle #4 & #8, AS 47.80.110.6, ACoA service principle #3,)
- Services are designed and delivered to build communities where all members are included, respected and valued. (DD service principle #9, AS 47.80.110.5, ACoA service principle #4,)

- Personal choice, satisfaction, safety and positive outcomes are the focus of services for individuals and their families (ACoA service principle #5, DD service principle #7, AS 47.80.110.4)
- Services incorporate the cultural and value system of the individual. (DD service principle #6, AS 47.80.110.3, ACoA service principle #6)
- Integrated and comprehensive services are readily available and accessible to individuals where they live. (DD service principle #2, AS 47.80.110.4, ACoA service principle #7)
- Individuals and their families identify, design, control, implement and evaluate their services. (DD service principle #1, AS 47.80.110.4, ACoA service principle #7)
- Services are provided by competent, adequately trained and compensated staff who are chosen by individuals and their families. AS 47.80.110.1-6, ACoA service principle #8)

Priority III: There is a need to decrease the disparity of services available to individuals with waivers and those who do not qualify for a waiver (across all targeted populations).

To approach this complex issue, the task force subcommittee considered the following when prioritizing its recommendations: a) whether the recommendation was already a priority of the department and the division; b) political implications; c) amount of time and effort required for implementation; d) the difference the recommendation could make in the lives of individuals and families; and e) potential for cost savings.

OVERARCHING RECOMMENDATION: Any cost savings generated as a result of implementation of these recommendations are used to serve people waiting for services and/or who are not eligible for waivers.

Next, two levels of recommendations were developed. These are presented in priority order.

Tier One Recommendations

- 1) **Working together with stakeholders, develop and implement a tiered service system. This tiered system will use grant and waiver funds, apply across all populations, and include a "hold harmless" or "grandfather" provision for people currently receiving services.**

One potential four-tiered solution might include:

- a) Provision of case management or service coordination commencing with the date of eligibility. This will identify, recognize and link available supports and resources to the individual and/or family and possibly prevent more costly services at a later date. Expansion of the Short Term Assistance and Referral (STAR) program and/or coordination with centers for independent living could accomplish this.
- b) Provision of a small amount of funding for flexible use by the individual or family, such as is currently offered through core services for individuals with developmental disabilities.
- c) Adoption of self-determined services that provide a flat dollar amount with a different mechanism for people needing residential supports.
- d) Provision of extended services that provide a full range of support and services.

- e) Implementation of waiver regulation flexibility to support cost effective alternatives for the same service, (i.e. mobile respite rather than adult day care.
 - f) Implementation of a single point of entry to provide a method for identifying support needs, especially by using a tool such as the ***Supports Intensity Scale***. This tool is designed to identify needs rather than diagnoses, and identifies needed supports for home living, community living, life-long learning, employment, health and safety, and social activities. Although it is designed for use with individuals with developmental disabilities, it may be appropriate for all beneficiary populations. The committee recommends this tool be investigated.
- 2) **Institute a “soft cap” for different services, which includes a process to raise the cap when needed.** The task force recommends that the Division of Senior & Disability Services explore using the ***Supports Intensity Scale*** as an assessment tool for setting rates.
- 3) **Working together with stakeholders, identify regular Medicaid State Plan services that can be modified or utilized more effectively at a lower cost than waiver services.** This will help the Division of Senior & Disability Services reduce costs and/or serve more people by deferring more expensive waiver services.

Broadening regular Medicaid State Plan services to include targeted case management, personal assistance and support services (PASS), a rehabilitation option, and assistive technology may provide enough support to individuals that more expensive waiver services might not be necessary.

Policy changes would be needed and agencies and care coordinators would need to be informed of such changes.

- 4) **Recognizing that maintaining people’s functioning reduces the need for expensive, institutional care, work with stakeholders to investigate how other states have determined nursing facility level of care through functional rather than medical assessments.** A standardized functional assessment combined with a behavioral assessment could be used in setting soft caps (See #2 above).
- 5) **As research shows that people who work require fewer health care services, add employment as a service for people on the Adults**

- with Physical Disabilities waiver. Ensure that there are incentives for individuals to work.
- 6) Capitalize on opportunities to collaborate with faith-based resources and leverage fiscal resources through Alaska Native organizations. This will require efforts to disseminate information and build the capacity of these organizations.
 - 7) Provide training and information for care coordinators, case managers and resource professionals on community resources that can be accessed without waivers. Utilize opportunities to identify, share and disseminate information about these opportunities at conferences (i.e. the Full Lives Conference).
 - 8) Add an option for "Individual/Family Support Home and Community Based Waivers" and utilize these funds to support those services now funded under "Core Services".

Tier Two Recommendations

- 1) Conduct audit of provider agency management costs for services to individuals (both grants and waivers) to determine what those costs include and determine if there are any potential cost savings.
- 2) Working together with stakeholders, apply for a new waiver that is consumer-directed and has a fixed amount of funding. As a result of the New Freedom Initiative, the Center for Medicaid and Medicaid Services has created *Independence Plus Waivers*. These are designed to streamline the federal application process. Some states have submitted models that appear to have the support of the Center for Medicaid and Medicaid Services.

Priority IV: There is a need to streamline processes for the Mental Retardation/Developmental Disability and Children with Complex Medical Conditions waiver approval and prior authorization of services without complicating the Older Alaskans and Adults with Physical Disabilities waivers.

The time required to process waivers for individuals with developmental disabilities and children with complex medical conditions is significantly longer than that required for the other two waivers. The following recommendations would help to eliminate this disparity and provide more clarity about the process for both families and providers.

- 1) Develop and distribute written procedures detailing the steps for processing MR/DD and CCMC waivers.
- 2) Jointly develop timelines with providers for each step in processing waiver applications. Once developed, these timelines would be included in the written procedures.
- 3) In order to be put on the waitlist for state services, individuals must meet the state's DD eligibility requirements. However, to qualify for waiver funding, individuals must also meet eligibility criteria for Medicaid disability services. Individuals should be determined to be eligible for Medicaid prior to selection for a waiver.
- 4) Provide quarterly information sessions to families and individuals on the waitlist to be sure they are informed about all options that may be available to them.
- 5) Provide more grant funding for individuals who don't meet the criteria for waivers.
- 6) Provide training for agencies in interpreting the ICAP results.

Priority V: There is a need for the development of a process for quality assurance that holds programs accountable both fiscally and programmatically.

The task force recommends that the Division of Senior and Disability Services adopt a quality assurance system according to the following guidelines.

- 1) Develop a set of integrated services standards based on regulation and service principles with demonstrable indicators that are applied consistently across all programs. Example: Integrated standards and quality of life indicators were developed for the Infant Learning Program and the Developmental Disabilities and Mental Health program in 1998.
- 2) The quality assurance process should connect information that's collected through audits (SB41), utilization review (SURS), program site review, consumer-specific quality assurance (survey), complaints, and from incident reports from adult protective services, and licensing.

- 3) The quality assurance process must be outcome and result-oriented.
- 4) Continue the site review process utilizing a team approach, which includes peer and consumer participation, best practices, a standards checklist, home visits, interviews with collaborative agencies, and scheduled site reviews every two years.
- 5) Develop a system to reward and recognize excellence (i.e. publicity, extension of grant, certification, less frequent site review) and implement sanctions for programs that provide an unacceptable level of service to consumers.
- 6) Establish a quality assurance workgroup that includes stakeholders (i.e. Alaska Commission on Aging, Governor's Council on Disabilities and Special Education) to periodically monitor the implementation of quality assurance procedures.
- 7) Quality assurance audit and site review information should be available to the public and easily accessible.

Summary

These recommendations are the result of substantial, statewide public input and represent a sincere effort of many stakeholders to assist the Division of Senior and Disability Services in restructuring administrative and programmatic functions. The Governor's Council on Disabilities and Special Education, the Alaska Commission on Aging, and the State Independent Living Council look forward to a partnership with the Division and are available to assist with implementing these recommendations.

APPENDIX A

Locations of Community Forums

Date

Wasilla Senior Center	July 23, 2003
Assets, Anchorage	July 24, 2003
Sitka Pioneers Home	July 30, 2003
Juneau Senior Center	July 31, 2003
XYZ Senior Center, Nome	August 6, 2003
Yupik Cultural Center, Bethel	August 7, 2003
Kenai Senior Center	August 13, 2003
North Star Council on Aging, Fairbanks	August 14, 2003

APPENDIX B

Comments From Participants In The Community Forums

What's working well?

Anchorage

DD

- Not fitting people in existing programs - making programs to fit people
- Service principles - drive provider/state approaches
- Individualization of services and funding
- STAR (family support grant) - able to keep families out of crisis
- Grants support infrastructure and service to take on increased services
- Core services - allows some level of support
- CCMC waivers - keeps kids from languishing in hospitals /very fiscally responsible
- Inclusive definition
- Respite
- Services keep people from being victimized
- Individualized services allows families / individuals to be part of the community / have a life
- Childcare provider assistance so they are better able to support kids w/disabilities
- STAR works for families - makes a difference - very economical and a lifesaver
- No institutions
- Core services - help kids have a quality of life and tools to help mothers / things Medicaid won't
- Individualized grant \$\$\$
- Adult day program
- ARC - family support services wonderful / able to get help for daughter and family - help filling out forms - takes people step by step through process / respite
- Team approach with state - regional specialists
- Evolution from medical to institutional model to community model - best in country
- Service principles - developed in collaboration - foundation for everything else - sets value (system we'd all want one day)
- One rate doesn't fit all / multiplicity of needs / wrap-around services

Seniors

- Choice waivers are individualized
- Transportation / Anchor rides - no cost
- Able to keep at home and in community / lowest nursing home rates in country
- APS - phone # to look for services

Seniors / DD

- Home modifications
- PCA program – Consumer Directed PCA very sound
- PCA lynchpin services
- Mini-grants

Bethel

DD

- High difficulty socializing
- STAR program good - a little helps
- Referrals increasing and families utilize services (i.e. hospice)
- Long term services in villages
- FASD grant coordination with providers
- Vocation rehabilitation supports - w/Voc rehab
- More CCMC services in community
- STAR program

Seniors

- NTS (meals) and ADP (adult day program)
- Assisted living - Anchorage
- Traditional foods for meals into senior centers

Seniors / DD

- Providers sharing information regarding coordination
- Referrals to other resources - great job on interagency coordination

Fairbanks

DD

- STAR grants - mini-grants as well as things Medicaid won't cover
- DD Base grants for people not eligible for waivers and core services for people waiting for services
- When equipment / technology gets put into the home quickly family is able to continue providing care
- Tanana Chiefs Conference / 50 families in rural areas - voucher respite gives families a choice

- Access Alaska - home modifications
- Hire program - helps youth get jobs and have their lives enriched
- Grant dollars - very quickly able to get supports around people / avert crisis and more costly
- State grant funding - 1) services for people not eligible for waivers (25% of those served or waiting), 2) services for people / families waiting for services, 3) flexibility in design yet provides stability for providers - able to develop new services to meet needs, 4) cost effectiveness - STAR program a good example - averts crisis (can't happen that quickly with waiver money), 5) safety net - services are there and provided in a timely manner, 6) and grant money available to get families respite - in-home supports. It is a way to keep things together until pulled for waivers. Allows families/individuals to be as independent as possible.
- Alternatives outside family home
- Respite care for individual for DD - able to have fun with someone and get away from mom (2 types of respite)

Seniors

- FRA day care - services for people with Alzheimer's and families
- FRA has coordinated care facility and is able to take care of a lot of needs / put plan together and continue to help as needs change
- Assisted living - able to get rate increase and cost-based reimbursement
- Assisted living homes - need more accessible to all. Keeps costs down and helps people stay at home.
- Assisted living homes - people able to stay in community at less cost than nursing facilities
- CHOICE waiver program - wonderful opportunity for people
- FRA Senior Day Care Center - help people stay at home as long as possible / able to get together with lots of people. Develops new interests and enhances family life - continue to provide these
- When general relief money was available to provide base funding that supports assisted living homes (CHOICE waiver)
- Senior care center - have friends / caregivers able to have life outside of care giving
- Funding for services that allow people to stay at homes - meals on wheels, transportation (even more important with loss of longevity bonus). Congregate meals program allows people to get out of home and socialize

Seniors / DD

- Ability to get access to (24 hour if needed) PCA program (hard to get people to be personal assistants)
- Van transportation services
- DVR - helps people get jobs
- Tight community - coordination among service workers
- Home modifications
- Places and choices for families outside the home
- Advocate who fights for people and gets them the services and supports they need, and help finding out what's available and how to get it.

Juneau

DD

- "Where to Turn" booklet - lifeline on where to find services
- Preschool program is integrated
- Rise to Rest CD - training tool / describes an individual - what works for them /what does not
- JIST (Rise to Rest producers) - great way to present people to employers, providers staff - "A day in the life of". Replaces huge paper file - staff quickly gets to know the individual - www.jist.net
- JIST - shows abilities and potential in clear succinct way / gives individuals way to show their skills - easy for people to use / can be added to easily
- Full range of services from infant learning in community and out of institutions - advocacy system
- Respite program / voucher program
- Infant Learning Program
- Voucher respite works well for families
- Infant learning program - this is the best money spent. It gets people hooked up quickly
- Benefits counseling so people can go/return to work
- Key Campaign
- Supported employment program

Seniors

- Adult day program - benefits to seniors and gets them out / reduces isolation and caregivers (allows them to work/not worry - helps caregiver stay in there longer / reduces costs)
- Innovative respite grant for people over income / not eligible for waivers

- New service documents user-friendly, not duplicative - on website is fabulous
- Movement of Pioneer's Home into full range of assisted living - offers people more independence
- Lots of programs so people can stay home
- COSI - budget document / can go on-line
- CHOICE program works well - easy to negotiate, takes less time, qualifications clear
- Regional models - consolidate communities needs / services into 1 funding stream - rural care advocates - paraprofessionals in villages / follows up on care coordination plans - way to extend care coordination

Seniors / DD

- Award winning transportation system - model for other communities
- Agency/consumer-directed PCA - allows people to stay at home as long as possible / meaningful lives, control
- Good recreation programs
- SAIL / Wildflower court - help people be more independent / get out of restrictive environments
- CSS/CFC work together on number of areas - avoid duplication / coordinate resources in different communities

Kenai

DD

- Adult day center included both people with DD and seniors together
- Parenting guide / assistance - day habilitation services
- First Health helps resolve complex issues
- Individualized services and variety of services - much better than limited services on senior side (significant needs but vary according to individual - need to meet individual needs)
- Core services - able to help people make great gains / wonderful support for families
- Core services / base grants - able to get people out of bad situations and crisis and more costly services. Helps keep families together
- Infant learning program - helps parents early on
- Frontier Community Services - home modifications and Consumer Directed PCA
- Job Ready - Consumer Directed PCA services
- Adult foster care has been working well - part of the family - less expensive than residential services - (there is concern that proposed

- regulations may eliminate adult foster care)
- TEFRA
- CCMC waiver - good funding sources for services that don't fit elsewhere
- Waiver - helps people to maintain their own life and jobs and helps parents keep jobs and insurance (ask people for ways to stretch money / don't cut waiver programs)
- ILP / STAR program - link to keeping families from burning out - especially with new diagnosis
- Service philosophy - consumer centered (need to make decisions first on philosophy and priorities rather than money / end up paying more if we start with money)
- Waivers vital for people to stay in own communities - growth seen particularly over past 10 years
- STAR program/grant program - helps people on waitlist or those not meeting level of care but who need support - averts crisis / people can stay at home with little support
- STAR program - steps in / fills gaps to more formalized services / stopgap / prevents crisis / sometimes keeps people off of waitlist
- Consumer directed PCA / complex - some things to fix there
- Pride - great staff
- Pediatric neurologist in Alaska now

Seniors

- Senior centers (could be used more - use health care system to refer people for nutrition/socialization)
- Quality of care coordination training on senior side is far better than DD side - keep and expand phase II training
- Senior centers - immense amount of Information & Referral and outreach - starting point / builds trust
- Excellent help - able to stay in own home
- ACoA care coordination and in-home respite grants - great program /gets to people who might fall through the cracks - don't cut this funding source
- Senior centers - directors know how to connect people to those who can help - they get info out
- Quality Assurance program for senior services - makes sure philosophy is adhered to / eliminates people who talk about services but don't actually deliver services

Seniors / DD

- Centers for independent living
- United Way in Kenai Peninsula
- Consumer Directed PCA - keeps people out of nursing homes

- Support helps people get as far as they can
- Accessibility of State overseers - they respond quickly

Nome

DD

- Independent living grants
- Grant funds, Waivers - CCMC, MRDD
- Lots of people willing to help - this is sometimes good, sometimes bad
- Services built around individual
- Waiver plan is helpful for habilitation plans

Seniors

- Medicaid CHOICE waiver and Providence Life Line makes it possible to live in your own home
- Time to improve plan of care (1 week)

Seniors / DD

- Paperwork is working well
- Consumer directed PCA

Sitka

DD

- Site review process - biennial reviews, program feedback, consumer satisfaction
- STAR project / mini-grants - short-term fixes, emergency services (critical services)
- Helping to put people through school (although money is getting cut)
- Grants and waiver - care coordination that musters general community resources key to getting good services

Seniors

- If available, help paying bills
- Newly formed dementia support group
- Van service - able to help Pioneer Home residents to get out in the community
- Senior meals
- Vans will pick up medications and deliver them
- Consistency on senior side - across # of state staff (black and white, well-organized)

Seniors / DD

- Services from Center For Community and SAIL
- Grant programs help people avoid falling through the cracks / who don't meet Medicaid standards
- A lot of people have been served and helped to live in the community and have the lifestyle they choose
- PCA program - when special approval is needed it is a very efficient and quick process
- Improved care coordination training and manual
- Grant / Medicaid funded services work well in rural communities - can work long-distance / people able to stay in home communities - inclusive system
- Faith in Action - volunteer respite care in the community (small seed money from Robert Wood Johnson Foundation)

Wasilla

DD

- Waivers /able to individualize costs and hours of services
- Service principles directed toward consumers
- Infant learning program (Office of Children's Services) – good links w/DD
- STAR program – family support services / keeps people from going into crisis / saves money in the long run
- Service provider network for DD – throughout the state
- Individualized person-centered services (family/other involvement)

Seniors

- Care coordination system – coordinates to meet individual needs
- Independent care coordinators – things so much faster / no time limits, much more available
- Consumer Directed PCA program – meets individual/family needs better
- Older workers employment for some people (Q: Why can't they be replaced in non-WIA types of jobs?)
- PCA – Classes to help educate family members (need more classes in more areas)
- PCA program – Susan Cook (replicate her approach)
- Meals on wheels is wonderful
- Well-run senior center
- Caregivers able to pick up food for people – Food Bank is great program

What is not working well?

Anchorage

DD

- Care coordinators need training from the Division
- More funds for STAR - reduces need for higher cost services
- Need shelter that understands and knows people w / disabilities who are homeless
- In-home provider can come in and provide services but low-income families can't get paid - can system be changed so parents get paid?
- Number of people on waitlist - will get even worse if budgets are cut more - put contract that says that every dollar saved goes back to services for people on waitlist (promise from administration)
- Families often have services delay due to mounds of paper, ICAP (length of time) and lack of training for care coordinators
- Share what seniors and people with disabilities have in common
- Cutting back on plans/scaling back what family and individual need
- By cutting grant dollars, reduce flexibility to meet family needs and keep them out of crisis
- More coordination of services
- People keeping hours of work low so they don't lose Medicaid - change Medicaid buy-in (increase level of assets allowed) disincentive to save - need savings plans
- Reduction in funding of services to individuals
- Independent care coordination
- Need more early childhood development / intervention (son with autism) - if get services, able to make great progress and reduce family stress
- Medicaid billing system needs to be fixed - pended bills drives costs up - needs to be easy to use and fixed

Seniors

- Need to figure out ways to get services to people without going on waivers - individual tickets
- Look at each person individually
- Senior voice / Older Persons Action Group - help public become aware of what forms public policy - change to Senior and Disability Voice
- Training for assisted living home providers - treating people with dignity and respect

- Care coordination doesn't always work well -passing info on
- Clear definition of what it takes to get on Choice waiver - need good planning and info for families
- Meals on wheels - need meals for people on specialized diets
- Requirement for skilled nursing services to be eligible for CHOICE/APD
- Develop consumer-directed care coordination system
- Navigating system and getting info about assisted living
- Consumer Directed PCA - budget concerns / individual services are ballooning - didn't need that level of services
- Waiver eligibility - encouraging people to be dependent so they qualify and get their plan funded
- People w/ Alzheimer's only diagnosis can't get into nursing homes / waivers - caregiver stress - get it included in waiver program
- Anchor Rides - demand growing / funds stagnant - resistance to including transportation in waivers, housing and education as well. Look at variety of ways to get transportation, i.e. cabs

Seniors / DD

- DD and seniors need to learn how to speak the same language, i.e. day habilitation or adult day - same service, but different words - provide same staff training
- Every family, regardless of income is eligible for early intervention and prevention programs - keep long-term costs down
- Durable medical equipment / specialized medical equipment inconsistencies / price mark-up - less expensive to go to Costco - have someone look at rates and keep them down
- Maximize federal receipts - but not just look to waivers / other Medicaid services
- Pooling of insurance to reduce rates (providers)
- Prevention services to keep people from going on waivers or into nursing facilities - more chore services
- New name for DSDS
- Keep very strong eye on regulations and proposed regulations - keep voucher respite / reduce need for licensing
- Need to help small agencies maintain their infrastructures (helps keep costs down)
- Get people out of high cost services
- Streamline / fully use outside community resources - get more info about what's available so waiver cuts not as high
- Core services - if not all spent, it's gone. Respite - can trade around with different families
- PCA - central organization that does all assessment / no financial

benefit to increase number of hours or lower number of hours - decreased DSDS approval needed

- MH funding loss - people in acute care facilities and API (much more expensive)
- Voucher system - get what is needed at less price, consumer would know price, control and ownership (now the attitude is "what do you care, you get it for free")
- Need wide array of accessible vehicles that people can use
- Need dogwatch system to stop abuse of services
- Implement cash and counseling program (consumer control)
- Families with borderline incomes - not eligible for many services
- Need to get away from Medicaid - give ticket for services (fee for service)
- Workforce development for staff - need formalized standards for hands-on staff (required part of system / decent compensation) - proposed regulations change - need training program where people can get trained on the job
- Work with seniors (doesn't like the term disabilities) - prefer to focus on abilities - change name of DSDS
- Need to turn question around about saving money - should be how can we serve more people
- Training for families so they know how to get the best outcomes - more effective and efficient piece of system
- Inconsistent care coordination
- Health care for all - look to sliding fee scale
- Unfunded mandates
- Retention problems - pay people more when they get trained and pay for extra education/coordinate with schools - maybe people can work in both settings (seniors and DD)
- Waitlist - figure out new way of filling vacancies that still honors service principles
- Ways to get services for people not eligible for Medicaid and the services they want and need
- Vendors that you go to get services / equipment want person to get care coordinator and get on waivers so they can increase equipment prices - need to re-educate vendors

Bethel

DD

- STAR - 98% Medicaid eligible - maximum amount of resources (i.e. SSI)
- Training for family and agencies needed
- Funding needs - difference between urban versus rural needs -

- agencies especially schools identification and referral
- Need respite care providers
- Need specialists (PT, ST) – 4-month waitlist for psych evaluation.
- Gaps in TBI services, Alzheimer's & Dementia Related Diseases , FASD and services to parents with DD child
- Good services available in Anchorage - high cost of living in rural areas
- Special education needs not being met due to lack of resources
- The "semi-homeless" have little housing opportunities available to them - need a little support to live at home
- Participate in subsistence activities for all - contributing to community
- Different referrals - more services
- Need functional assessments to address goals
- Individuals need IQ test to qualify for waiver

Seniors

- Elder abuse - financially
- Not many seniors in Voc Rehab
- Limited number of providers limits the services available

Seniors / DD

- Need to work through agency system and need to maximize federal funds
- Staff recruitment and retention - even if funding is available, can't provide services
- Dual diagnosis of DD & MH / SA - coordinate services
- Environmental modifications are more expensive in rural communities
- PCA services are fragmented. It is difficult to identify providers
- Accommodations are not accessible
- Transportation is difficult - only 3-4 wheelchair accessible vans
- YKHC more effective in administering homemaker program
- Difficulty with grant to reimbursement
- Care coordination training not as frequent as required
- There have been four different State Regional Program Specialists in four years - lack of continuity with State staff
- Need more support for direct care providers. More recognition and training. There is a need for more ideas from the State
- Limited resources lead to creativity and need for coordination and support
- Multiple health needs - need consistent health care providers

- Providers may not be able to provide Medicaid billable services
- Travel is expensive - Alaska Air restrictions of 25 lbs. Weight limit
- Transportation to Anchorage - may wait 3 to 4 months for health services
- Transportation within Bethel is minimal
- Village travel is expensive

Fairbanks

Seniors

- Need to be sure DSDS continues to serve seniors well

Seniors / DD

- Plans of care – paperwork gets lost much too often. A better system is needed
- Adults need better dental care. Medicaid does not sufficiently cover their current needs
- Cutting advocacy services - need to maintain way to help families and individuals get the services and supports they need / enable people to navigate in an easy way - disability and generic services - get information to people
- There are discrepancies between senior and children's services
- Assessments need to be done in timely manner before person moves out of the hospital
- Need direct deposit from First Health and a user-friendly system that uses SSN # for provider PA #
- Pay - need to be paid in timely manner from day person comes out of the hospital
- Changes in DME / supplies requisitions that came down don't work (i.e. can only get 2 boxes of gloves at a time). Educate doctors so they prescribe right things (pharmacies / drug stores as well)
- Need better pay / benefits for direct service staff / PCAs. Treat them with respect, and provide incentives for people to do the work they do well.
- Limitations of Medicaid program (i.e. not enough doctors take Medicaid). If Medicaid program isn't working, allow people to use another alternative (i.e. doctor in Anchorage)
- Funding allocations - make sure budgets are separated by type of program (i.e. seniors, APD, DD -don't co-mingle funds)
- Flexibility needed - is direct service staff serving the consumer or the funding source?

Juneau

DD

- Need better coordination of special education and DD and other services (plan that applies in a number of settings)
- DD Waitlist - wait too long with kids when 1st on list - might have needed less services if early intervention / target money to these kids (special waiver?) - will save money later on
- Incomprehensive regulations, i.e. can't receive Day Habilitation and Supported Employment on same day, exclusion of some services - 24hr/day services
- DD Waiver waitlist
- SSI/Medicaid don't come together in this state - not automatic / don't get on quickly enough to prevent financial problems
- Sometimes people don't get full range of services / lack of trained people to fill in / current aide can't train new aide (no job shadowing can be provided - not allowed)
- Timely prior authorizations before services lapse - COSI hard to mess up (fulfilled within 48 hours)
- Bundling of services for billing - doesn't work for providers, consumers and state budget

Seniors

- Lack of affordable care for seniors / not enough money to offset true costs of services - barriers/resistance to include caregiver as a customer in terms of payment for services - need money to subsidize indigent people or moderate income people (i.e. \$23 over income but desperately need services)
- MH/SA services for the elderly - no targeted money (easy to address - simple counseling services for clinical depression)
- Fragmented services
- Need for preventive services for seniors who don't meet nursing level of care
- Assisted living - cohort of people who can't afford it until it's too late and they need nursing homes / need to cover services earlier and save money by diverting people from nursing homes
- Rates paid for care coordination not adequate since 1993
- Way too many reports - huge administrative burden required
- Cuts in CC/ Adult day - costs out core services for seniors
- Nursing homes / assisted living (group settings) - time for nursing home is almost over / need for short-term services - either provide assisted living for high functionality people or nursing home (need full range of assisted living / approving assisted living wings in nursing homes isn't working)

- QUALIS - denying levels of care left and right to point where people are dying or giving up / can't get services - chore services / but getting harder to justify
- People with Alzheimer's not eligible for waivers - one of only two states in the country with this
- Appeal process for denials of level of care - huge time / money investment by provider

Seniors / DD

- Variability in quality and comprehensiveness of care coordination across the state
- Bias to nursing home care
- 24 hr care (for week or two) for elders if family wants to go on vacation - not available now - same for families of children with DD
- Control of budget by families and individuals not in place now
- Disparity in waivers - wide array and costs in DD services / limited scope and unofficial days in senior systems - disparity in cost sharing by families - change senior system

Kenai

DD

- Use different tool other than the deficit-based ICAP
- People on waitlist as long as 7 years. Need waivers for job coach / supported living - people get stuck
- ICAP really problematic and needs to be fine-tuned. The tool and concept are probably good but not being implemented well / holds up services sometimes for months
- Yearly ICAP assessments on individuals whose needs / long-term care services / medical conditions are not cost-effective. Go to a 3-5 year assessment schedule, unless the needs change
- ICAP doesn't work well for people with behavioral needs / works better for people with physical disabilities
- For those persons on a waiver, need both plan of care and service plan - need to combine plans and streamline paperwork that care coordinators need to do
- Need to make sure people have Medicaid and Medicaid waivers

Seniors / DD

- Consumer Directed PCA - if more than 8 hours per day are needed, consumer has to use 2 agencies. Depending on other services consumer may require help from 4 agencies, give consumers option of using just one agency instead of multiple agencies
- Licensing for adult foster care now has to be licensed through

assisted living, which doesn't work well for 1-2 people in foster home. Impacts insurance, the State should use same system to license foster care for children.

- Extended family (Natives). People who need support and services need to be respected. Make budget cuts a second priority to helping people and raise resources if need be.
- Consumers not able to shop for services - need to provide info / voucher amount so people can get the services they want. This would provide real control
- Need agency audits - make sure agencies are effective custodians of money / agencies are not run as effective and efficient as businesses
- Assessments done by service agencies - needs to be done by outside entities (costs may decrease - not as much as an investment in outcomes)

Nome

DD

- Ask too much of staff to do PCA assessments
- Loudest bark gets help - other people are not getting services
- Core funding not enough - need more funding
- Too many chiefs, not enough Indians. People are not on the same page, info not being exchanged. Poor communication with the State
- Residential facility for DD is needed

Seniors

- Waiting list for assisted living is too long
- Phone not always reliable for life line (Sunspot activity)
- Respite for APD
- Not enough money
- Processing payments

Seniors / DD

- Paperwork for billing Medicaid creates too much confusion
- Getting evals and assessments - only 2 or 3 times a year to visit villages
- Hiring - have to pass criminal background and drug tests in villages - shortage of personnel
- Village services are extremely limited
- Information needed by State (fiscal) is not always clear
- Too many forms - too many changes. Forms and information need to be on website - submit electronically.

- Need to keep people home

Sitka

DD

- Public housing - accessible apartments are not being occupied by people with disabilities / dismantling of accommodations when people with disabilities are waiting for services
- People don't understand dogs/service animals

Seniors

- People w/higher incomes not eligible but don't have enough income to pay for services
- Not enough vans to get people to church - long waiting lists
- Information on what services are available and how to get them

Seniors / DD

- Not sure who is doing what in terms of services
- Residential supplemental care form - care coordinators statewide don't know about it
- People falling through cracks / income too high - look at adjusting sliding fee scale and consider out-of-pocket expenses, i.e. meals
- City Board - lots of duplication / overlapping of services seen / umbrella organization perhaps State should check on this and help reduce overlapping
- Think about how grants can be structured to encourage integration of services
- Lots of overlap between service providers - need better coordination / look at combining resources to meet individual and community needs - combine administrative functions
- \$103,000 for 90 day swing bed - cost to those not eligible for Medicaid
- Need list of available services, grants to get things going, contacts
- Individuals experience less frequent disability determination when they are being assessed for level of care
- There is a lack of support from doctors, hospitals in helping people deal with pain issues - put pain management support group together

Wasilla

DD

- ICAP – developed in 1986 – “was born with Down Syndrome, he will always have it”. Done too frequently / instrument itself is problematic

- Shutting down the regional office – like local involvement, Mat-Su has third largest population base in Alaska
- Waitlist
- Serving people w/dual diagnoses, i.e. MH, SA
- Transitioning students to adult world

Seniors

- Need more help for seniors in terms of info – all walks of life / all financial levels (perhaps sliding fee scale)
- Need more Evelyns (manager of Floyd Smith Senior Center) – need more help from other providers and own agency
- Waivers – people being denied chore services for asinine reasons (keeps people out of assisted living)
- Choice program – Home delivered people can only work 4 hours per day or 20 hours per week. Cuts people out who live in outlying areas – TitleVI senior employment program problem
- Better marketing to employers needed, senior employment program
- Earlier intervention / access needed
- Senior employment program – have to be able to check on people, give meals and be back in 4 hrs.
- Definition of level of care / being done by someone in Seattle who only looks at paper
- Older workers program – only 1 person in WIA program in Juneau / other states approach it better – not just jobs in non-profits (needs to be training program to get people in good jobs /
- Discrimination / prejudice against seniors and others too old to know anything / too young to know anything
- Lack of training to help seniors become their own best advocates – same for DD
- Better information dissemination
- Misuse of Older Workers Program by senior centers / need training and access to non-menial

Seniors / DD

- Care coordination in the hands of unskilled, unethical people
- CD PCA assessments – potential for fraud too high

What are Recommendations for Change?

Bethel

DD

- Waitlist - scoring to be eligible for services - needs assessment from State to help ID and score
- Need comprehensive study regarding number of DD in villages
- Individuals always want to go home - need residential care in every village - interagency
- Need residential placements in Bethel especially for teens
- Eligibility for children with DD and services provided to maximize development
- Early intervention for waitlisted children with DD
- Need special education teachers and specialists for direct therapy needs
- Eligibility increasing but money for services not increasing, so there is a need to prioritize needs
- Work opportunities for younger workers - use mentors including elders
- Change focus for DD causes (i.e. more Downs Syndrome support)
- Need to ID other supports with reduced State funding

Seniors / DD

- Cap Medicaid waiver Administration & General rate
- Integrate the best practices in DD and SS care coordination. Keep the best of each / both
- Partner to provide training opportunities - possibly with UAF
- Staff development and training
- Computers and vans for consumers
- Need DSDS Memorandum Of Understanding with other State depts.
 - Referrals especially for children with DD
- Have community memorandum of understanding
- Gaps in service require coordination
- Parallel services - more cost effective for administration to consolidate and combine
- Live at home in village - provides economic opportunities in villages for providers

Fairbanks

Seniors

- Use general relief approach with CHOICE. It would be a simple, easy to use process and providers could get direct deposit
- Make grants available to seniors like those that are available to people with DD and their families
- Transportation, socialization (available through senior assisted living)

Seniors / DD

- Get more information and more timely information out to providers and consumers on reorganization
- Consider impact that cost containment efforts are having on recruitment and retention of direct service staff. The industry is very labor dependent. We are asking a lot of people, but pay does not reflect that
- Advocate together - disability and senior consumers / providers / advocates - develop professional world together
- Need to recognize / appreciate vast resource of people with experience and not necessarily education - advancement opportunities needed for people with experience as well. This would make them more likely to stay working in the field.
- Quick and short notice communications. Provide timely notice of changes

Juneau

DD

- With all the waivers except seniors - SSI appeals / if person meets level of care standard then they will meet SSI standard - eliminate need to show person meets social security listing
- Restructure REACH / other providers - poor customer responsiveness / consistency

Seniors

- Ensure Meals on Wheels / lifeline are more available for seniors - preventative service (look to them to save money)
- Create a "Key Campaign" for seniors - more planning and advocacy on senior side / reorganization should help this
- Average cost of nursing home is \$110-\$115,000. Average waiver cost is \$38,000. Get people out of nursing homes
- Adequate funding for senior services

Seniors / DD

- Independent assessment - quicker eligibility determination

- Figure out ways to help providers target the right services at the right time (PACE program is a good model - helps consolidate and streamline funding)
- Reduce / simplify paperwork - pull task force together so people can concentrate more on customer services (i.e. - now there are confusing consent to release forms, different forms for different programs)
- Take some of the Dept of Administration systems approach / good business sense and apply it
- DSDS grant making process
- Given trend of more and more denials for specific services, need to specify the reasons for the denial and discussion between DSDS and the care coordinator
- Don't wait for social security determination once level of care assessment determines eligibility before providing waiver services (work out back and forth problems)

Kenai

DD

- Paperwork is outrageous. Four file drawers for young son. It requires 6-8 hours of parent time to fill out Medicaid re-enrollment (make the forms less time consuming, or ask for the most basic information)
- Give people an idea of what it's like to have a disability
- Re-institute provisional eligibility for kids birth-6
- CCMC waivers and other waivers - we need to add money to the system, not take it away. People already have difficult lives.
- Go back to drawing board for proposed HCBS waivers - stakeholders not really involved and there weren't very many changes made. Include people affected by changes when going through the process of making change decisions
- Negotiated rates per agency for DD services based on categories of services, and keep individualization within this

Seniors

- Senior centers - had to redo all the grants and budgets according to new forms. This resulted in zero savings.
- Don't cut senior centers - provide information and referral to seniors / people with disabilities

Seniors / DD

- Things recommended for changes in the first set of proposed regulations did not get included in second set of proposed regulations (not working well)

- Has Governor taken a pay cut? Have State administrators taken pay cuts?
- Be good advocates with Governor and legislature as people are for themselves and their families
- Transportation - look for ways to get people from point A to point B other than taxicabs. Perhaps buses could be used
- Disincentives to people working / will lose Medicaid and SSI. How can we help get jobs and keep benefits?
- Adult foster care - maintain respite and day habilitation services the way it is now
- Think of impact making cuts will have. It will force people into more costly services
- Be proactive and look for ways to increase resources and revenues. Get together with smart businesses to do this and find people who can help turn things around. Ask people what they would be willing to do
- Need better way to ask for input other than asking people to come to forums like this
- Consider potential for cost increases when multiple agencies are involved.
- Leadership for income tax needs to come from Governor. Carry this message to him about the role of government
- Better communication that would allow people to stay in homes and communities and out of nursing homes
- Send message that many people are willing to pay income/sales tax to pay for services
- Need incentives for PCAs, other in-home workers - quality training needed
- Look for ways to raise revenues - carry message to legislature
- Allow non-profits to band together for insurances - rates going through the roof - would save State money in long run and not cost State anything
- Help agencies run as businesses
- Regular fiscal audits of agencies
- External assessments are needed
- Keep services going that help people live in the community
- Put money in the budgets that helps people
- Bring people to the table to listen to their concerns and issues before making decisions. People don't want a handout they just want a little help

Nome

DD

- Bring the money to the communities and eliminate middleman - Medicaid and grant funds - through health corps
- Compacting for self-determined funds for SS and DD services - (grant funds)

Seniors

- Reimbursement rate needs to be adjusted for some communities - would help with getting staff
- Grant funding needs to be processed more quickly
- Simplify grant process for Alaska Commission on Aging - Adult day care - NTS form has 9 attachments - Nutrition incentive / USDA program - condense, combine

Seniors / DD

- Form won't be accepted unless properly completed
- Third party billing - Maniilaq has software
- Fewer people handling paperwork
- HCFA 1500 - get it on one form
- Billing at Norton Sound

Sitka

DD

- More TTYs in Sitka
- APD program - add employment as a services for people who are APD only and not just both APD and DD
- Put price controls in place - help providers put systems in place as well (i.e. what percentage of rate needs to go to direct service staff - PCA program good example) - billing practices that reduce errors (will lower costs)

Seniors

- Make use of existing resources, i.e. Pioneer Home in Sitka before putting new resources in plan

Seniors / DD

- More information about available services and how to access them
- New name for the DSDS
- Funding revoked if project not done as expected - State responsibility for accountability
- DSDS proceed strongly to deal with abuse and fraud by providers,

- i.e. Consumer Directed PCA - promise and deliver more service than needed, entice consumers - tighter controls needed
- Costs / insurance costs go up / peoples income does not - need change in how services are paid
 - Look at ways to help communities develop needed services, i.e. adult day program (different use of respite - perhaps pooled respite) - planning assistance, lead entity, money for start-up and operating costs
 - Create general fund to cost share with middle income people
 - Accountability, responsibility, ethically and doable - ensure systems that cover these things
 - Help communities plan, i.e. identify numbers who need services and type of services needed
 - Identify percentage getting services, determine gaps and barriers and develop strategies and funding to put services in place - community-wide plan
 - Address specific systems controls in new regulations

Wasilla

Seniors

- Senior cooperatives – i.e. retired doctors, dentists, bookkeepers, etc. who provide services (pt)
- Better ways to get more food so food banks don't run out / coordination with churches and other programs
- Look at Centers for Independent Living – requirements for senior programs
- Coordinate senior employment program with AK Works
- More training and state supervision available for PCAs so program is not misused – fiduciary responsibility of the state /are services really being delivered? Consumer Direct PCA – individual choice not family, if family is the provider / what is proper & what is expected of them as a PCA (rights, dignity, respect) – materials, self-tutored text, compassionate trainer, treat mom just like anyone else.
- Turn Title VI into a real training program
- Work w/doctors on Medicare / Medicaid – survey to find out why they won't serve seniors and figure out how to prevent fraud
- Nutrition program – conversation with Health & Welfare (get people with disabilities added back

Seniors / DD

- Expand on PCA – relevant to all direct service staff / recruitment and retention issues, strengthen Alaska Alliance for Direct Service

Careers activities – degreed programs and certification – On the Job Training as well

- Unit = hour (waivers) easier to serve people
- Information out to people about services on – demand help / active referral
- More info out to PCAs (family members) on where they get respite
- Look at requirements for family habilitation homes – shouldn't have to use assisted living license/ come up with different types of license for adults (i.e. smaller homes – look to OCS)
- Insurance reform – get info for plans that are not needed
- Medicaid / Medicare – pay for equipment that people need (doctor's order) – realistic rates
- Find / let people know what doctors take what referrals, i.e. Medicaid
- Central office – one stop shopping (includes doctors)
- Assisted living homes – costs / augmented rates but want PCA/respite (care coordinator)
- Consumer Directed PCA – Family members work 40 hours per week and want respite (don't allow – would save)
- Eliminate duplication – both PCA and chore services can be provided (extra eyes) and coordinated together
- Generate more resources – most vulnerable citizens should not have to feel the pain – support income or sales tax / go on the record
- Training for being own best advocates – services, healthcare

How could funds be used more efficiently?

Fairbanks

Seniors

- Adult centers (12 in Alaska) funded by ACoA were cut by 10%. These are services that help people live at home. These centers are able to serve people 10 hours a day.

Seniors / DD

- Maintain foster care programs for children and adults. This would be a very cost-effective, and efficient way of providing care.
- Maintain the funding base
- Provide training in areas outside Anchorage (First Health) so providers can bill correctly
- Timely, accurate pay for First Health
- Work together to figure out how to recruit and retain direct staff
- Provide training for doctors and PAs
- Work hand in hand with job service to develop a training program (hands on) so people (direct staff) know what they will be expected to do
- Work with University - practicums and work-study so people know what they'll be getting into
- Provide funding for ongoing support services that some people with disabilities need to keep their jobs. May decrease some costs because you can use DVR time-limited money to help person get job and get trained on job.
- Loan forgiveness program for people who go to work in disability / senior field.
- Keep more people at home instead of having to go into nursing home. Provide support to caregivers so they can keep loved ones at home.
- Set up a travel broker for First Health for Medicaid travel. One point of contact does prior authorizations, and see if this approach could be used in other areas.
- Look at drop-in / centralized place for people to go and be with other people - children as well as adults

Nome

DD

- Providers could collaborate more, exchange and share resources at the local level

Seniors

- Don't reinvent the wheel, simpler, less duplication of paperwork pass thru fewer people
- SAMS program - buy computer, software, training - too much time has to be devoted to data gathering - could use this time to spend with clients

Seniors / DD

- Dual certified providers saves on travel
- Put providers together that provide similar services
- Cross training of employees in local agencies

Sitka

DD

- Waivers - more variability based on needs / learning, supporting people to be independent in the community. Caution - ensure and maintain individualized plans and funding

Seniors

- More focus on maintaining skills
- Home care services - figure out a way to stop dropping people when eligibility is re-determined (keeps people out of high-cost nursing homes) - today's assessment and "shadow" assessment if waiver services weren't available

Seniors / DD

- Review w/PCAs what they can do and cannot do - one page write-up
- Start a chore program for people who need something but don't need PCA or waiver - low-cost intervention could avert need for higher cost service
- Decrease Medicaid costs / growth so legislature is supportive of changes that allow middle income people to get services
- Streamline DD and Senior services that are the same
- Discard the Consumer Directed PCA program (works for some, so actually put better controls / Quality Assurance in place) - hours, eligibility, oversight
- Place a cap on the number of consumers that care coordinators can have (would result in better quality)
- Put caps on PCA services or lower cap and lower number of hours before prior approval needed
- Ensure money is spent responsibly, ethically and morally - if not, then revoke funding / get rid of irresponsible persons

Wasilla

- Put 200 fisherman out of business and help them find other jobs

Seniors

- Get seniors who want to work good jobs that pay well and have benefits

Seniors / DD

- Sliding fee scale for services
- Open up to different agencies – cap / open up to competition
- Set rate for all services – no more brokered rate / agencies have no choice but to increase quality
- Reigning in non-profits – duplication of services (some programs only serving a few people)

APPENDIX C

Minutes of the Task Force on the Integration of Senior & Disability Services

August 28th 2003

Introduction of Members:

Please see attached task force listing for contact information

Facilitator: Dr. Terry Stimson

Task Force:

Pat Branson	Beth Edmands	Nikki Kinne
Jay C. Bush	Margaret Evans	Banarsi Lal
Ron Cowan	Tina Forman	Gale Pierce
Ella Craig	Sandra Heffren	Karen Stroh
Denise Daniello	Bill Johnson	Sharon Vaska

Resources:

Kathy Allely	Chris Hamilton	Paula Recchia
Nancy Burke	David Maltman	Millie Ryan
Meg Evans	Dulce Nobre	Bob Taylor

Opening Comments:

Overview of Task Force (Millie Ryan)

Purpose: Develop recommendations for the integrated Division of Senior and Disability Services based on the strengths and weaknesses of each system when they existed separately.

Membership:

- Two members each from the State Independent Living Council, Governor's Council on Disabilities & Special Education, and The Alaska Commission on Aging (6 boards & commissions members)
- Developmental Disabilities and Senior Services providers one rural and one urban for each population (4 provider members)
- Assisted living and care coordinator from each system (4 direct service)
- Long term care ombudsman

Rules of Communication (Dr. Terry Stimson)

Task Force Recommendations

- Everyone has an equal opportunity to participate
- Respectful of each other's input

- One person speaks at a time after being acknowledged by the facilitator
- Limit comments to two to three minutes
- Don't take comments or disagreements personally

Facilitator Recommendations

- Speak for yourself
- Stay focused on the topic
- Suspend certainties
- Listen in new ways
- Listen to your own responses
- Encourage and welcome disconfirming ideas
- Focus on inquiry, not prevailing

Summary of the Forums (Chris Hamilton)

Reference Material:

"Integration of Senior and Disabilities Services, Community Forums" The Governor's Council on Disabilities & Special Education, Alaska Commission on Aging, State Independent Living Council, Division of Senior and Disabilities Services, and funded by the Alaska Mental Health Trust Authority.

"Summary of Initial Analysis of Community Forum Data" Center for Human Development

Community Forums Data:

Forums were held in 8 communities with 1 follow up teleconference

A total of 264 individuals attended the forums

169 represented agencies; in addition there were representatives from the offices of two senators and two representatives as well as from the commissioner.

Cautions:

- Individuals who attended may not be a fair representation of the stakeholders
- While it provides reliable feedback, the information is not scientifically reliable

Task Force Discussion of Forums Data:

- Request for a synopsis of each system; DSS vs. DMHDD (Systems Compare Document in development and will be forwarded soon)
- Concern that there is already an agenda at the state level for this integration and it would be helpful to know that information so that the

Task Force can focus on those items that will be most valuable and realistic (See "Division Priorities" below)

Community Forums Response Synopsis

Overall, people are primarily concerned that they will be losing services.

What is working well

Individualization

Service principles from Developmental Disabilities

STAR programs (Short Term Assistance & Referral)

CHOICE Waivers

PCA (Personal Care Assistance) (Also noted as needing improvement)

Senior Centers

Infant Learning Program (not within the purview of DSDS)

What could use some improvement?

Developmental Disabilities Waitlist

Information and Communication

Consumers want information from providers

Providers want information from the state

Re-evaluation of the PCA regulations

Program and Waiver eligibility guidelines should be relaxed

Care Coordination

Care Coordination training

Recommendations for change

Persons with Alzheimer's should have access to Medicaid & waiver services

Revise regulations to minimize abuse of the system

Streamline the paperwork processes

Implement policies that ensure that any savings is reinvested into the service delivery system

Improve communication / information dissemination

Where funds could potentially be saved

Train direct care providers to assist both Seniors and individuals with disabilities

Eliminate duplication within all systems

Implement price caps

Develop preventative assistance for Seniors who don't meet the nursing facility level of care

Focused brainstorming activity:

- Combining of the division results in positive outcomes for persons with disabilities and seniors
- Look at what is working well in both senior and disability services with both – make a system
- How much combining can be done
- Haven't had a chance to learn about the issues – need some time to read about the issues before going forward
- Concern that Seniors didn't get notice
- Comments from the forums are a tool but not the only thing to consider
- Need to know more about the two systems
- As representatives of the groups we can share our perspectives
- Like to be prepared to come to the table – reading comments
- DD provides individualized service, and there is concern this could be lost in the merger
- Hear that senior waivers are easier to process than DD
- Process is working well for some – dialogue is working for learning about the issues
- Look through the list of issues, care coordination, income eligibility, others that are known by the group. Take the issues that arose during the forums and consider them
- How the issues relate to the structuring of DSDS
- Address each of the items from each side of the table
- Is enough known about the restructuring
- Need more information – what constraints are pre-existing relative to the merger of the two divisions
- DD side, more individualized services, look at the whole person
- Are groups competing for grants?
- Curious to know if task force agrees whether the issues are those that need to be considered
- Open brainstorming session
- Two issues: Merger of two disparate systems, and change in the administration has dictated the way business is done. Global change at the state level.
- No central place to be aware of what providers exist in state and what they can provide. Need a centralized database of providers that consumers can use, including voluntary agencies.
- Communication with the state has been positive, it has been a partnership. Division struggled to maintain an open door with providers. Want to maintain an active partnership with the state

- Senior services have been more “in the box” where DD services are individualized. How will this be resolved?
- DD is moving towards waived services with far less, if any, funds available for grants
- Emphasis on quality of life may be missing on the senior side, focus is placed on function and need rather than quality of life
- Two features of DD programs to maintain are individualized services and quality of life. Process for senior waivers programs seems to be more efficient.
- Rather than looking at two separate categories, look at the overlap and ways the two can come together.
- Individuals want to maintain independence and dignity. Meals on wheels and transportation are extremely important to maintaining independence. Good not only for individuals but also for the community. Preventative health care. Get calls at the senior center for meals on wheels for non-seniors. That might be a service that both seniors and DD could provide
- DD has a lot of momentum for self-determined services, and may save money.
- Concern that DD or seniors could get more money at the expense of the other. Concern about competition between the two groups
- No waiting list for DD since this is the only group that has a waitlist. Core services for everyone on the list.
- No wait list for seniors has to with tightening of the guidelines so that they have to be quite needy to get services, and individuals come off the waiver when they get better
- Issues - Quality of life, provide services that allow people to stay independent
- Senior waivers – more flexibility in waiver, but many individuals who don’t qualify for waivers are left without services. Not just about waivers – have to be able to pay \$21 per hour or go without.
- Especially seen in rural areas for senior services – scramble to find services; flexibility isn’t there so, effectively, there is a waitlist.
- DD service principles – might want to look at service principles for Seniors as well. Starting point for services.
- Waitlist has provided a vehicle for understanding the population in need, can quantify the need.
- Senior side doesn’t have the same demographic information.
- Chore, respite, adult day center –
- Some senior providers don’t have care coordination within their agencies
- Look at meals on wheels and other services
- Rural areas have different needs

- Equality of services – Agency Philosophy. What is the difference of need between those receiving and those needing services? Vast differences exist in individual services. Can the Task Force address this disparity so there is more equalization of services among eligible individuals (receiving services or not)? Complex question.
- In making services more equitable, there is a danger of losing individualization.
- DD is cradle to grave based on functional rather than medical assessment – that is the major difference between the OA, APD, and CCMC waivers. OA waivers may be shorter term, but once people are on them, they stay on them.
- Need to look at spectrum of services rather than an all or nothing. Will DSDS have an agency philosophy that is compatible with where we are going?
- STAR program has funds to fill needs that waivers can't. Would like to have STAR type of program available for Seniors. Don't want to see it lost; rather see it expanded to seniors.
- Need a long-range State plan for seniors and persons with disabilities.
- Workforce development – qualifications / requirements to provide supports.
- Training – enhance training for providers, salary, and benefits.
- Overnight care – can task force provide guidance on this issue.
- Need to understand population – both DD and Seniors (social and economic issues).
- Individualizing services – this process will be quite different between the communities (flexible and responsive).
- Prevent agencies from going out of business.

Division Priorities (David Maltman)

Reference Appendix “DSDS Long Term Care Program Work Plan FY04”

Change vs. Transition:

Change is something visibly different

Transition is in the heart

Division staff is expected to carry out changes that have been set in motion by the administration. It would have been preferable to have this task force activity prior to the merger occurring. The appropriate steps would have been to have a public process, setting a mission, planning activities, and moving forward. This is out of sync with what is actually happening.

One of the main purposes in merging Senior and Disability services is to maximize federal receipts. The division decides if a person on the waitlist would be best served by the waiver or by state grants. As state funds are declining, this option becomes less likely. Medicaid is a health plan that offers a list of mandatory services as well as a list of options that states can provide. In Alaska, the federal government pays for 60% of costs while state general funds pays the remaining 40%. One method of maximizing federal receipts is to encourage native corporations to provide services; the federal government would then pay 100% of services provided to Native beneficiaries.

Home and Community Based Waivers is one of the Medicaid optional services. Alaska has four waivers (Older Alaskans, Adults with Physical Disabilities, Mental Retardation/Developmental Disabilities, & Children with Complex Medical Conditions) with narrowly defined populations so that a wide array of services could be accessed. The waivers are revised every year as part of the State Medicaid Plan. The possible revisions/amendments are restricted. The Division is seeking funding for a full review of the waivers in order to identify needed changes.

The Division of Senior and Disability Services is much more than waivers and there are two separate issues; reorganization and fiscal. Reorganization activities relate to streamlining and cost savings.

The Division is responsible for:

- Accounting for public funds
- Collaborating with the public
- Resolving disputes

Programs Include:

- Older Alaskans Waiver
- Adults with Physical Disabilities Waiver
- Mental Retardation / Developmental Disabilities Waiver
- Children with Complex Medical Conditions Waiver
- Personal Care Assistance
- Nursing Home authorizations
- Developmental Disabilities grants

Goals of DSDS

- Enroll eligible individuals in services in a timely manner
- Administer and account for public funds (including state grant funds)

- Re-align and integrate compatible processes and procedures (i.e. provider certification)
- Manage costs, cost containment measures
- Assist tribal entities to participate in the delivery of services and Medicaid billing
- Assist faith-based organizations to participate in the delivery of services

Systems Change Grants

- Self-determination: developing service delivery systems that are consumer directed
- Improving Personal Assistance: developing competency standards and training curriculum for PCA's
- Nursing Facility Transitions: Funds to assist individuals in moving out of nursing homes into the community of their choice

Work Groups (Subcommittees)

	Task	Members
1.	Common service principles based on quality of life, choice, self-determination, independence, dignity, respect, and with a culturally appropriate focus.	Denise Daniello Margaret Evans, Nikke Kinne, Pat Branson
2.	Identify what is working well in both senior & disabilities services and areas for improvement such as the need for improved communication across services, geographic areas, agencies, & consumers	Tina Foreman, Ella Craig Ron Cowan, Sharon Vaska
3.	Decrease the disparity of services available to individuals with waivers vs. those who do not qualify for a waiver (across all targeted populations)	Gale Pearce Beth Edmands
4.	Develop a process for quality assurance that holds programs accountable both fiscally and programmatically	Sandra Heffren Banarsi Lal, Bill Johnson, Sharon Vaska
5.	Streamline processes for MR/DD & CCMC waiver approval / prior authorization of services without complicating OA & APD waivers.	Jay C. Bush Tina Foreman, Karen Stroh

Work Group Development Process:

1. Each Task Force Member writes the issues they feel should be a priority for the Task Force based on the points raised during the Samoan Circle. One issue per 3 x 5 card.
2. 3 x 5 cards collected and laid out on table in random order. Each task force member chooses three (not their own) and prioritizes those three.
3. Task Force divided into groups of three. Each group was asked to agree on three top priorities from the selection of cards (three cards per three individuals = nine cards) available to that group.
4. Entire task force reviewed each group's priorities (3 priorities per five groups = 15 priorities) and chose five.
5. Work groups established based on final priorities.

High Priority – Issues posted for Step #4

❖ Group 1

- Develop a mission statement for DSDS with goals and objectives and distribute that information publicly to all those concerned
- Develop a demographic database for each targeted population and include information on health, social, and economic characteristics
- Identify what is working well in both Senior and Disabilities services and areas for improvement such as the need for improved communication systems across services, geographic areas, agencies and consumers

❖ Group 2

- Streamline processes for waiver approval and PA with DD side – don't complicate the Senior waivers
- Functional vs. medical assessments (PCA & Waiver)
- Identify and increase spectrum of services: i.e. short term supports for more than DD population

❖ Group 3

- Reduce duplicate paperwork in waiver process
- Common service principles based on quality of life, choice, self-determination, independence, dignity, respect with a culturally appropriate focus
- Provider issues: how do we find, keep, and support providers to provide the services? Training systems across the state, qualifications and, identifying and recognizing excellence

❖ Group 4

- Develop ongoing training for DSDS staff that educates as well as developing team that is cohesive and efficient
- Improve awareness and communication to provider agencies
- Maintain services to people who do not meet waiver requirements

❖ Group 5

- Decrease the disparity of services available to waiver vs. waitlisted DD clients and Seniors not receiving services
- Develop a plan to ensure self-determination is part of DSDS services
- Develop a process for quality assurance that holds programs accountable both fiscally and programmatically

Middle Priority – Issues Discarded after Step #3

- Spectrum of services: short term supports for more than one population. Include those not currently eligible for available services – income based – to address crisis/intervention and cost effective services
- Develop common standards for PCA assessments to decrease progressively inflated PCA time for task allotments
- Streamline processes
- What tasks can be combined
- Clarify qualifications & set policy for certification of providers
- Care Coordination – how to build on what's working and improve on what's not for all service populations, including training systems
- Look at who is using their funds best for quality of life
- Provide appropriate salary, benefits, and training for provider staff
- Is the funding to each group being affected by the merger
- Is there funding or can funding be found to support programs for consumers not eligible for waivers
- Identify what is working in both senior and DD services
- Find similarities for special needs services that transcend through the life span. Find ways to streamline those
- Advocacy begins at home
- Integrate all assisted living home licensing and disband differences between the waivers
- Need for cross-training of workers in the two systems for better utilization of existing resources
- It's important to get input on a regular basis and in this development stage from direct services providers, consumers, families based on low number of participants in forums who weren't affiliated with agencies
- Introduce a truly recreational respite (day service) program for assisted living home residences
- Look into a waiver to meet the needs of people with Alzheimer's disease and related disorders
- DD services need standardized documentation formats
- Communication systems across services geographic areas, agencies, independent care coordination
- Services and supports for individuals not eligible for waivers

Lowest Priority - Issues Discarded after Step #2

- Attempt to decrease the disparity of meal services availability to various categories of recipients
- Issues regarding quality of life, input from beneficiaries
- Think outside the box
- Accessible transportation for seniors and individuals with DD
- One stop shop referral for people who need services – end inefficiencies
- How to identify those current practices which are most effective / efficient to broaden & maximize their use
- Streamline intake/admission processes to facilitate early intervention & referral to appropriate services within and outside the Division. Establish a common paperwork trail/system
- Design on-going systems feedback loop to ensure the Division is always in touch with beneficiaries needs
- Consistency in how policies and procedures are applied regardless of the region of the state
- Training for consumer directed PCA for consumers & their families
- Recruitment and retention
- Services done well in each division translated to be adopted by the other
- Consumer and direct providers input
- Promote prevention
- Waiting list for services
- Implement the steps needed to create a brain injury, mental health, and AIDS waiver
- Coordinate compatible policies & procedures regarding assessments, care coordination training, etc.
- Does the task force need to look at policy or implementation
- Retain good points of both systems
- Philosophy statement
- Establish service principles for DSDS
- Retain DD service principles
- Demographics: who is served via waiver versus non-waiver? Identify needs and location of these people
- Contrast and compare values for all groups involved
- How to develop common systems for data gathering and analysis
- Develop a system to share information with consumers about providers of services & target populations
- Ensure continued dialogue with the Division
- Negotiated rates for all services done by category of service and by agency
- Are they getting all the grants possible

- How do we know which service is in the most need of the most money
- Are there core service the new division could make available for the senior & APD population
- How are moneys going to be distributed
- Firewall services that are related to eligibility and assessment
- Develop systems within the new DSDS that decrease conflict of interest due to common employers of care coordinators and service providers
- Develop criteria for performance based assessment to services across the OA, APD, MR/DD waivers
- Look at a blend of how DD and Senior services meet the needs of their clientele
- Are they overstaffed for work load or understaffed
- Communicating and dealing with responses and accountability in provider

APPENDIX D

Minutes of the Task Force on the Integration of Senior & Disability Services

September 25th 2003

Members Present: Sharon Vaska, Pat Branson, Nikki Kinne, Tina Foreman, Jay C. Bush, Ron Cowan, Ella Craig, Banarsi Lal, Denise Daniello, Sandra Heffern, Gale Pearce, Karen Stroh, Beth Edmands

Rebecca Hilgendorf, Millie Ryan, David Maltman, Chris Hamilton, Steve Ashman, Patrick Reinhart, Nancy Burke, Paula Recchia, Bob Taylor, Kathy Allely

Steve Ashman acknowledged the difficult task ahead of the task force given the tough economic times. He stated it was the desire of the Division to maintain good services.

He indicated there would be a \$25 million shortfall in this year's budget.

Terry Stimson reminded the group of the ground rules, reviewed the agenda and led introductions.

Subcommittee reports

- Denise Daniello reported the common service principle work group held two teleconferences. The group used the Service Principles from the former DMHDD and the Service Principles from Senior Services. Used public forums information and asked Chris Hamilton to do a word search on service principles. The group is about done.
- Tina Foreman reported that the working well/areas for improvement committee came up with ideas of what is working well and what could be done to improve services, taking the best from each system. The committee could use some additional time to refine and complete work.
- Gale Pearce reported that the disparity work group had come up with several recommendations, and that the work was large enough to keep a task force busy with that one topic.
- Sandra Heffern reported that the quality assurance group met twice and found there was a plethora of quality assurance audit information, but that it was not necessarily coordinated.

- Jay C. reported that the streamlining group met once and developed four recommendations.

Group 1

Recommendation #1 Core Value Statement

Services provided by the Division of Senior and Disability Services are based on quality of life, choice, self-determination, independence, dignity and respect. Such services will be culturally relevant, easily accessible, and will offer maximum opportunities for the individual to remain connected with family and community. Services provided by DSDS will be of professional quality, emphasizing interagency collaboration and focused on the needs of the consumer.

Recommendation #2 DSDS Service Principle Recommendations

Services promote personal dignity and respect and provide an opportunity for individuals to receive services, which further their physical, mental, spiritual and emotional health. (DD #5, ACoA #1, Law #2)

Individuals will attain and maintain personal and stable financial independence at the highest level for as long as possible. (ACoA #2)

Individuals will be offered support and services necessary to live and age in their chosen community in the least restrictive (developmentally and age appropriate) environment free to pursue their life goals. (DD #4 and #8, Law #6, ACoA #3)

Services are designed and delivered to build communities where all members are included, respected, and valued. (DD #9, ACoA #4, Law #5)

Personal choice, satisfaction, safety, and positive outcomes are the focus of services for individuals and their families. (Law #4, ACoA #5, DD #7)

Services incorporate the cultural and value system of the individual. (DD #6, ACoA #6, Law #3)

Integrated and comprehensive services are readily available and accessible to individuals where they live. (DD #2, ACoA #7, Law #1)

Individuals and their families identify, design, control, implement, and evaluate their services. (DD #1, ACoA #7, Law #4)

Services are provided by competent, adequately trained and compensated staff who are chosen by individuals and their families. (Law 1, 2, 3, 4, 5, 6, AcoA #8)

DSDS uses the proposed core value statement and service principles to develop the standards to design, deliver and evaluate services.

Group 2 What is Working Well/Not well

What is Working Well	What is Not Working Well
Quality of Life	
Person centered planning (DD)	Feeling of entitlement and support for such (DD)
Individualization (DD)	Seniors are being warehoused in Assisted Living Homes (SS)
Choice (DD)	More emphasis on quality of care vs. quality of life 9SS)
Site Review Teams (DD)	Needs of seniors who are not disabilities (SS)
Medicaid Waiver Service options (SS)	
Interdisciplinary Team – holistic approach (DD)	
Choice	
Each consumer has a personal representative (DD)	Limited number of available service providers (DD)
Consumer driven PCA services (DD/SS)	Clients don't have personal representatives (SS)
	Seniors limited by what services are offered (SS)
Self-Determination	
Ability to say no to all services (DD/SS)	Self-determination doesn't yet exist (DD/SS)
Consumer directed PCA services (DD/SS)	Cost of services (SS)
Independence	
Philosophy-focus on where they are and move forward (habilitation)	Limitation of service providers (DD)

(DD)	
No institutions (DD)	Medical rules and regulations prohibit independence (DD/SS)
Can receive some levels of services at home to keep them at home (SS)	Risk management (DD/SS)
Seniors allowed to take some risks (SS)	Categorization of services (SS)
Transition planning	Not well supported in an Assisted Living Home & Skilled Nursing Facility (SS)
Dignity and Respect	
Provide services where the person is (DD)	Not 24 hour service available in the home (SS)
Resident rights in Assisted Living Homes (licensing requirements) (DD/SS)	Handling of personal and medical information (DD/SS)
Governor's Council and Alaska Commission on Aging to ensure dignity and rights (DD/SS)	Education of public on disabilities (DD/SS)
Start of the "age in place" movement (SS)	Doesn't allow for risk (DD)
	Living/housing options (SS)
Culturally Relevant	
Individualized service plan (DD)	Not enough services available in rural communities (SS)
	Need more training of care staff in religious, generational, and nationality (SS)
Accessibility	
ADA for urban providers (DD)	More marketing of available services (DD, SS)
STAR program (DD)	Look into STAR type program for seniors (SS)
Professional Quality	
Standards exist (DD/SS)	Lack of training (DD/SS)
	Shortage of personnel (DD/SS)
	Ethics (DD/SS)
	Standards upheld (DD/SS)

QA Recommendations:

- 1) Develop a set of integrated service standards based on regulation and service principles with demonstrable indicators that are applied consistently across all programs. Example: Integrated standards & quality of life indicators for ILP, DD, & MH – 1998
- 2) QA process connects information that's collected through audits (SB41), utilization review (SURS), program site review, client-specific QA (survey), complaints, incident reports / Adult Protective Services, licensing.
- 3) QA process must be outcome & result-oriented.
- 4) Continue site review process team approach, peer & consumer participation on team, best practices, standards checklist, home visits, interviews with collaborative agencies, scheduled site reviews every two years.
- 5) Develop system of rewarding & recognizing excellence (publicity, extension of grant, certification, site review less often, etc.), and sanctions (site review next year that grantee/provider pays for, etc.)
- 6) Establish QA workgroup that includes stakeholders to develop periodically monitor the implementation of QA procedures. Suggestion: Commission on Aging & Governor's Council on Disabilities and Special Education.
- 7) QA information publicly available. Example: site review results on the web.

Group 4 Disparity of Services

This subcommittee prepared a written report of their recommendations, which follows.

- 1) Define the issue/state the nature of the issue or problem:

The problem that needs to be addressed is the disparity of services available to individuals with waivers vs. those who do not qualify for a waiver or are waitlisted (across all populations).

- 2) Identify best solution(s) and benefits of solution(s)– List the consequences of your preferred recommendation that are good for consumers.

Note: The committee considered the following when prioritizing its recommendations: a) whether the recommendation was already a priority of the department and the division; b) political implications; c) amount of time and effort required for implementation; d) the difference the recommendation could make in the lives of individuals and families; and e) potential for cost savings.

Overarching Solution: Any cost savings generated as a result of implementation of these recommendations needs to go to serving people waiting for services and/or who are not eligible for waivers.

Tier One Recommendations (presented in priority order)

- 1) **Working together with stakeholders, develop and implement a tiered service system, using grant and waiver funds, across all populations, which has a “hold harmless” or “grandfather” provision for people currently receiving services** (for example, a) case management or service coordination available on the date of eligibility, which identifies, recognizes and links supports and resources available to the individual and/or family – could expand STAR program and/or coordinate with centers for independent living; b) core services – small set dollar amount for flexible use by the individual or family; c) self-determined services (flat dollar amount with a different mechanism for residential supports) and d) extended services). **Use a cost effective alternative for the same service** (i.e. mobile respite instead of adult day care) **through waiver regulation flexibility.** (**Note:** Could use the *Supports Intensity Scale* to identify support needs for anyone requesting services through a single point of entry and funding options. Designed specifically to identify support needs rather than diagnoses, the support needs scale is grouped on Home Living, Community Living, Life-Long Learning, Employment, Health & Safety, and Social Activities. Designed for MR/DD; however may be appropriate across beneficiary areas. Would require further information, however it appears at first glance to be more person centered than the functional limitations of the ICAP or the medical model of the nursing facility level of care tools.)

- 2) Institute a “soft cap” for different services, which includes a process to raise the cap when needed. (Explore using the *Supports Intensity Scale* as assessment tool for setting rates.)
- 3) Working together with stakeholders, identify regular Medicaid State Plan services that can be utilized more effectively or tweaked at a lower cost than waiver services, which will in turn help the division keep people off more expensive waiver services, reduce costs and/or serve more people (i.e. targeted case management, broadening of PCA (Personal Care Assistance) services to include PASS (Personal Assistance and Support Services), rehabilitation option, assistive technology), make policy changes and disseminate information to agencies and care coordinators).
Note: Resources from the Alaska Mental Health Trust Authority will be available to implement this recommendation in FY05.
- 4) Working together with stakeholders, investigate approaches other states have used to modify nursing facility level of care through functional rather than medical assessments, recognizing the impact of services on maintaining people’s functioning and reducing the need for expensive, institutional care. Use standardized functional assessment overlaid with behavioral assessment rather than medical model of assessment to help set “soft cap.” (See comments related to setting “soft caps” above.) Add employment as a service for people on the Adults with Physical Disabilities waiver (research shows that people who work use less health care services), making sure there are incentives for them to work.
- 5) Capitalize on opportunities to faith-based resources and leverage fiscal resources through Alaska Native organizations (will need to provide capacity building and information dissemination on how to work with Native organizations to agencies and care coordinators/also need well thought out mechanisms if sub-contractors are involved).
- 6) Provide training/information for care coordinators/case managers/resource professionals on what non-waiver community resources are available and how to access them. Identify and disseminate information about opportunities for them to come together and share resources (i.e. *Full Lives Conference*).
- 7) Transfer CORE services funding to an “ Individual/Family Support HCBS waiver – add as a category to existing waivers.

Tier Two Recommendations (presented in priority order)

- 1) **Conduct audit of provider agency management costs for services to individuals (both grants and waivers) to explain what those costs include and determine if there is any potential for cost savings.**
- 2) **Working together with stakeholders, apply for a new Waiver that is consumer-directed and has a fixed amount of funding.** (As a result of the New Freedom Initiative, CMS has created Independence Plus Waivers that are designed to streamline the federal application process and states have already submitted models that CMS has every indication of supporting.)

Group 5 – Streamlined process for MR/DD and CCMC Waivers

- 1) Develop and distribute written procedures detailing the steps for processing MR/DD and CCMC waivers.
- 2) DSDS and providers should jointly develop timelines for the steps in processing waiver applications. Once developed, these timelines would be included in the written procedures.
- 3) When individuals are selected to come off the waitlist, direct the family/consumer first to obtain a disability determination. If the family or individual meets eligibility criteria, then refer them to a care coordinator.
- 4) Provide quarterly information sessions to families and individuals on the waitlist to be sure they are informed about all options that may be available to them.
- 5) Provide more grant funding for individuals that don't meet the criteria for waivers.
- 6) Provide training for agencies in interpreting the ICAP results.

APPENDIX E

Service Principles – from the former Division of Mental Health and Developmental Disabilities.

Alaska Statute 47.80.110. Program principles.

The system of services and facilities required under [AS 47.80.100](#) shall accord with the principles that service providers shall

1. Make services available at times and locations that enable residents of the provider's service area to obtain services readily;
2. Ensure each client's right to confidentiality and treatment with dignity;
3. Establish staffing patterns that reflect the cultural, linguistic, and other social characteristics of the community and that incorporate multidisciplinary professional staff to meet client functional levels and diagnostic and treatment needs;
4. Promote client and family participation in formulating, delivering, and evaluating treatment and rehabilitation;
5. Design treatment and habilitation to maximize individual potential and minimize institutionalization; and
6. Provide services in the least restrictive setting, enabling a person to live as normally as possible within the limitations of the handicap.

Alaska Commission on Aging Service Principles

1. Seniors will live with dignity and respect and have an opportunity to receive services to promote and enhance their physical, mental, spiritual, and emotional health.
2. Seniors will attain and maintain personal and financial independence at the highest level for as long as possible.
3. Seniors will be able to age in place, remain safe in their own homes, chosen communities or regions of the state in the least restrictive setting possible.
4. Seniors will remain connected as valued members of their families and communities with opportunities for maximum mutual benefit and harmony between generations.
5. Services will provide satisfaction to seniors and caregivers, and demonstrate positive outcomes in the lives of seniors.
6. Services to seniors will be provided in as culturally relevant a manner as possible.
7. Services will be planned and provided in consideration, collaboration, and coordination with other groups and

- organizations in order to make maximum use of existing resources while ensuring that seniors receive the range of services they need.
8. Service providers will receive adequate training and professional development to ensure competent delivery of services to seniors.